Case 2:13-bk-52277 Doc 74 Filed 07/07/15 Entered 07/07/15 10:29:50 Desc Main Document Page 1 of 2

Fill	in this informa	ation to identify yo	our case:						
Deb	or 1 David E. Gorrell					Check if this is:			
							An amended filing		
Debtor 2 (Spouse, if filing)								wing post-petition chapter f the following date:	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO						MM / DD / YYYY			
	e number 13	3-52277					A separate filing for Debtor 2 because Debtor 2 maintains a separate household		
(•		
Of	fficial Fo	rm B 6J							
		J: Your	_ Exper	ises				12/1:	
Ве	as complete	and accurate as	possible	. If two married people ar				or supplying correct	
		nore space is ne n). Answer ever		ich another sheet to this t n.	form. On the top of	any addi	tional pages, write	your name and case	
Par	t 1: Dosci	ribe Your House	shold						
1 ai	Is this a join		illoiu						
	■ No. Go to	o line 2.							
	☐ Yes. Doe	es Debtor 2 live i	in a separ	ate household?					
	□N	lo							
	ПΥ	es. Debtor 2 mus	st file a sep	parate Schedule J.					
2.	Do you have dependents? ☐ No								
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent				Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?	
	Debtor 2. Do not state	the		одол доролдолини	Dobtor i di Dobtor			□ No	
	dependents'				Child		17	■ Yes	
								□ No	
								☐ Yes	
								□ No □ Yes	
							-	□ No	
								☐ Yes	
3.		penses include	.	No					
		f people other to d your depende		Yes					
Par	t 2: Eatim	nate Your Ongoi	na Month	ly Evnences					
				ıy ⊑xperises uptcy filing date unless y	ou are using this fo	orm as a s	supplement in a Cha	apter 13 case to report	
exp	enses as of a	a date after the I		y is filed. If this is a supp					
app	olicable date.								
				government assistance if cluded it on <i>Schedule I:</i> Y					
	ficial Form 6I		u nave inc	riuded it on Schedule i: 1	our income		Your exp	penses	
4	The rental o	or home owners	hin evner	see for your residence li	nclude firet mortaage	2			
 The rental or home ownership expenses for your residence payments and any rent for the ground or lot. 					ncidde inst mortgage	4.	\$	682.00	
	If not include	ded in line 4:							
	4a. Real e	estate taxes				4a.	\$	177.88	
		erty, homeowner's	s, or renter	's insurance		4b.	· · · · · · · · · · · · · · · · · · ·	60.00	
				upkeep expenses		4c.	·	45.00	
5.		eowner's associat		dominium dues our residence, such as hoi	mo oquity loops	4d. 5.		0.00	
J.	Auditional	mortyaye payme	anto for yo	our residence, such as not	me equity 10ans	ე.	Ψ	0.00	

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Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$	0.00 0.00 257.00 0.00 650.00 100.00 135.00 200.00 700.00 295.00 82.52 0.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$	0.00 257.00 0.00 650.00 100.00 135.00 200.00 700.00 295.00 82.52
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$	0.00 257.00 0.00 650.00 100.00 135.00 200.00 700.00 295.00 82.52
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Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	7. 8. 9. 10. 11. 12. 13. 14.	\$	650.00 100.00 135.00 200.00 700.00 295.00 82.52
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	8. 9. 10. 11. 12. 13. 14.	\$	100.00 135.00 200.00 700.00 295.00 82.52
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	9. 10. 11. 12. 13. 14.	\$	135.00 200.00 700.00 295.00 82.52
Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	10. 11. 12. 13. 14. 15a. 15b.	\$ \$ \$ \$	200.00 700.00 295.00 82.52
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	11. 12. 13. 14. 15a. 15b.	\$ \$ \$	700.00 295.00 82.52
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	12. 13. 14. 15a. 15b.	\$ \$ \$	295.00 82.52
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	13. 14. 15a. 15b.	\$ 5	82.52
Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	14. 15a. 15b.	\$	
Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	14. 15a. 15b.	\$	
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	15a. 15b.		0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	15b.	\$	
15a. Life insurance15b. Health insurance15c. Vehicle insurance	15b.	\$	
15c. Vehicle insurance			0.00
	150	\$	987.00
15d Other incurance Specific	IOC.	\$	356.00
13u. Other insurance, specify.	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	_	-	
Specify:	16.	\$	0.00
Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as			0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.		0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.		
Other real property expenses not included in lines 4 or 5 of this form or on Schedu			
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20c.		0.00
20d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e. Homeowner's association or condominium dues		\$	0.00
Other: Specify:	21.	+\$	0.00
Your monthly expenses. Add lines 4 through 21.	22.	\$	4,727.40
The result is your monthly expenses.			7,727.70
Calculate your monthly net income.	ı		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,086.49
23b. Copy your monthly expenses from line 22 above.	23b.		4,727.40
	_0~.		7,121.70
23c. Subtract your monthly expenses from your monthly income.			
The result is your monthly net income.	23c.	\$	-1,640.91
Do you expect an increase or decrease in your expenses within the year after you	Ų		1,040101
For example, do you expect to finish paying for your car loan within the year or do you expect your m			ease or decrease because of
modification to the terms of your mortgage?			
No.			
☐ Yes.			